Address or IVR PIN Change Form



This form is to be used for obtaining a new, temporary Personal Identification Number (PIN) for access to child support case information through the Interactive Voice Response (IVR) telephone system, or it may be used to notify the MiSDU of a change of address. Check the appropriate box, complete and return to the address noted on the form.

,	Address Change	IVR PIN C	hange	
Your Name (Please Prin	t):			
Last	First	Middle		
Phone Numbers:				
Home Phone	Work Phone	Other Phone		
Current Address:				
Number/Street/Apt#	City	State/Zip	Country (if not US)	
New Address: (Complete	this line only if a change of address is b	eing requested.)		
Number/Street/Apt#	City	State/Zip	Country (if not US)	
·	•	·	,	
Social Security Number	:	Case ID or Court Ca	ase (Docket) #:	
		Number	County	
Attachments Required:	(Check the appropriate box.)			
digits of my social sec days. I may then use time I use this tempor	ssuance of a temporary PIN. The curity number and will be availabe that PIN, but also I understand eary PIN. I should not provide the ange of address for mailing and	ble within approxima that I must create a se PIN to any unauth	Itely five business different PIN at the norized person.	
Sign Here:		DATE:		
Mail this Form to: MiSDU				

MiSDU
Attn: PIN Maintenance
PO Box 30354
Lansing, Mi 48909 - 7854